



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF NURSING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION TO UPGRADE TO MULTISTATE NURSING LICENSE

INSTRUCTIONS

When to File

File this form when

- you hold an active Delaware Registered Nurse or Licensed Practical Nurse license
- your license is marked "Valid Only In Delaware"
- you wish to have Multistate privileges.

For complete information on the requirements for a Multistate license, see [Multistate Licensure](#).

Requirements for All Applications

- ☐ Submit completed, signed and notarized *Application to Upgrade to Multi-State Nursing License*.
 - Follow instructions carefully. You must answer *all* questions unless the instruction says to skip them. Do not leave answers blank if the instruction says to enter them. If an answer is "none," enter *None*. *Incomplete applications will be rejected*.
 - Read the AFFIDAVIT section and sign the application in front of a notary public. Forms that are unsigned or not notarized will be rejected.
- ☐ Enclose the non-refundable processing fee by check or money order made payable to "State of Delaware."
 - Applications submitted without this processing fee will be rejected.
- ☐ Enclose a copy of your driver's license or official identification card from the Division of Motor Vehicles.
 - The state (or other jurisdiction) on the identification you provide is considered your home state of residence.
 - If you don't have a driver's license or official identification from the Division of Motor Vehicles, you may submit a voter registration card, federal tax return (first page only), military form 2058 or a Form W-2 showing your home state of residence
- ☐ Complete the *Authorization for Release of Information* form to request a State of Delaware and Federal Bureau of Investigation criminal background check. Follow the instructions on the authorization form to arrange to be fingerprinted.
 - You must complete this requirement *even if* you recently had a criminal background check done for some other reason.
 - Information or details on the State and Federal background report will be reviewed to determine whether you must submit any additional information or documents as part of the application process.



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BOARD OF NURSING

OFFICE USE ONLY

DDB _____

CBC _____

Nursys Discipline? _____

ID _____

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APPLICATION TO UPGRADE TO MULTISTATE NURSING LICENSE

TYPE OF NURSING LICENSE

1. Select the type of nursing license you wish to upgrade:

☐ Registered Nurse – Enter your active Delaware RN license number: L1- _____

☐ Licensed Practical Nurse – Enter your active Delaware LPN license number: L2- _____

IDENTIFYING AND CONTACT INFORMATION

2. Full Name: _____
Last First Middle Maiden

3. Other Names Used: None ☐ _____

4. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐

5. Mailing Address: _____

City

State

Zip

6. Phone: _____ Email: _____
daytime evening or cell

DECLARATION OF PRIMARY STATE OF RESIDENCE

7. Your *home state of residence* (also called the primary state of residence) is your declared fixed, permanent and principal home for legal purposes. Enter your *Home State (or jurisdiction) of Residence*: _____

Enclose a copy of your driver's license or an identification card issued by the Division of Motor Vehicles showing this state or jurisdiction as your legal residence. If you don't have a driver's license or official identification from the Division of Motor Vehicles, you may submit a voter registration card, federal tax return (first page only), military form 2058 or a Form W-2 showing your home state of residence.

DISCLOSURE QUESTIONS

8. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, STOP. You are not eligible for a Multistate nursing license.

9. Have you passed the NCLEX or the SBTPE? Yes ☐ No ☐ **If no, STOP. You are not eligible for a Multistate nursing license.**

10. Are any of your nursing licenses, in any jurisdiction, under discipline, including revocation, suspension, probation, voluntary surrender, or limitation? Yes ☐ No ☐ **If yes, STOP. You are not eligible for a Multistate nursing license.**

11. Do you have ANY felony conviction(s)? Yes ☐ No ☐ **If yes, STOP. You are not eligible for a Multistate nursing license.**
12. Do you have ANY misdemeanor convictions related to the practice of Nursing? Yes ☐ No ☐ **If yes, you may be eligible for a Multistate nursing license only if you receive a waiver from the Board of Nursing.**
13. Are you currently a participant in any alternative treatment program for impaired practitioners? Yes ☐ No ☐ **If yes, STOP. You are not eligible for a Multistate nursing license.**

AFFIDAVIT

The law regulating the practice of Nursing in Delaware, 24 *Del. C.* §1922 (a), "Grounds for Discipline," provides that the Board of Nursing may revoke or suspend any license to practice nursing, refuse a license or re-licensing, or otherwise discipline a licensee upon proof that a licensee or former licensee is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing.

The applicant, being duly sworn, says that he/she is the person referred to in the foregoing application for multistate licensure as registered/licensed practical nurse in the State of Delaware, that he/she meets the requirements for multi-state licensure, that the statements therein contained are true and that he/she has read and understands this affidavit.

APPLICANT SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn to before me and subscribed in my presence this _____ day of _____ 2 _____,

Notary Public: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.
⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

| | | | |
|-----------|------------|----------------|-------------------------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Middle Initial | Suffix (e.g., Jr., Sr.) |

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).